

Recurring Payment Authorization Form

PLEASE PRINT OUT & COMPLETE THIS FORM & EMAIL TO treasurer@ecsl.org

Customer/Company Name: _____

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Please complete the information below:

I authorize EXCHANGE CLUB OF SUGAR LAND to charge my credit card for MEMBERSHIP DUES.

Recurring amount: \$ _____ .00

Start Date: _____ / _____ / _____
Month Day Year

Frequency: One Time / Quarterly / Annually (circle one)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____